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CONFIRMATION NO. 1479

SERIAL NUMBER 10/699,152	FILING OR 371(c) DATE 10/31/2003 RULE	CLASS 015	GROUP ART UNIT 1744	ATTORNEY DOCKET NO.
APPLICANTS Flabio Cavalheiro, Nyack, NY;				
** CONTINUING DATA ***** This application is a CIP of 09/975,028 10/12/2001 <i>ABN</i> <i>CB</i>				
** FOREIGN APPLICATIONS ***** <i>CB</i>				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 01/05/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> <i>gub</i> Examiner's Signature Initials		STATE OR COUNTRY NY	SHEETS DRAWING 3	TOTAL CLAIMS 12
INDEPENDENT CLAIMS 1				
ADDRESS Stephen E. Feldman Suite 701 12 East 41st. New York, NY 10017				
TITLE Ergonomically shaped hand held device				
FILING FEE RECEIVED 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	